



CITY OF LEMON GROVE

3232 Main Street • Lemon Grove, CA 91945 • (619) 825-3800

CANNABIS BUSINESS TAX RETAIL SALES ADJUSTMENT FORM

This form should be used to document adjustments to Gross Receipts for your monthly Cannabis Business Tax. The total on this form must be transferred to line B (Adjustments) of the Cannabis Tax Statement Form.

Business Name: _____ Lemon Grove Business License #: _____

Street Address: _____ Tax Period (month & year): _____

Description of Adjustments		Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total		

I declare under penalty of perjury that the statements herein and any attachments are true, correct, and complete.

Print Name: _____ Date: _____

Authorized Signature: _____

The City of Lemon Grove is providing this information as general guidance on the City's Cannabis Business Tax Ordinance. This information is provided as a public service and should not be construed or relied upon in any way as legal advice. Although we make every effort to correct any errors brought to our attention, please refer directly to the full text of the Ordinance at: www.lemongrove.ca.gov/cannabistax